



STATE OF IDAHO

BUREAU OF OCCUPATIONAL LICENSES

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APPLICATION SURVEY

Dear Applicant:

Efforts have been made to insure that the application packet you received contains current forms and information. In order for us to improve our service and increase the quality of information we provide, please take a few moments to answer the following questions. Just check the appropriate boxes and return the survey to the Bureau office, addressed

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Boise, Idaho 83702-5642

Were the instructions for the applications clear & complete?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Were the questions on the applications understandable?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Was the print quality of the applications good?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Did you receive all of the information you requested from us?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you answered "no" to any of the above, please identify the reason(s) below.

If you would like more information or a response to your comments, please include your name & address.

Thank you for helping us to help you.